

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
OKATA,	Russell	K.	543-0011
MAILING ADDRESS (Street)			FAX
888 Mililani Street, Suite 601			528-0922
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Government Employees Association			536-2351
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

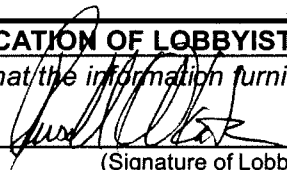
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Government Employees Association	536-2351	
MAILING ADDRESS (Street)	FAX	
888 Mililani Street, Suite 601	528-0922	
(City)	(State)	(Zip Code)
Honolulu, HI 96813		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Nora Nomura	543-0071	
MAILING ADDRESS (Street)	FAX	
888 Mililani Street, Suite 601	528-0922	
(City)	(State)	(Zip Code)
Honolulu, HI 96813		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

2/2/07  
(Date)

**PART V AUTHORIZATION TO LOBBY**

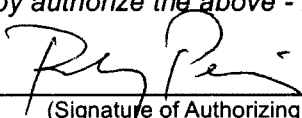
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Randy Perreira	Deputy Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Government Employees Association	543-0003

MAILING ADDRESS (Street)	FAX
888 Mililani Street, Suite 601	528-0922

(City)	(State)	(Zip Code)
Honolulu, HI	96813	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

2-2-07  
(Date)